SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL AVE. PIERRE, S.D. 57501 (605)773-4845 FAX (605)773-4550

CERTIFICATE OF AUTHORITY APPLICATION OF A FOREIGN LIMITED LIABILITY COMPANY

1. The name of the foreign Limited Liability Company is:	
2. The name of the state or country under whose law it is organized	ed is:
3. The street address of its principal office is:	
4. The address of its initial designated office in South Dakota is:	
5. The name and street address of its initial agent for service of pr	rocess in South Dakota is:
6. The date of organization is:	, and the period of duration is: ged, the name and address of each initial manager:
	liable for its debts and obligations under a provision similar to SDCL
The application must be signed by a member if the company is managed company.	s a member-managed company or by a manager if its a manager-
Date:	(Signature and Title)

FILING INSTRUCTIONS:

- The application for authority must be accompanied by the first Annual Report.
- One original and one exact or conformed copy must be submitted.
- The application must be accompanied by an original, currently dated *Certificate of Good Standing* or *Existence* from the Secretary of State in the state where it is organized.

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FIRST ANNUAL REPORT OF A LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is:
2. The state or country under whose law it is organized is:
3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:
4. The address of its principal office is:
5. The names and business addresses of any managers:
6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$*
Date:
(Signature and Title)

* FILING FEE: \$550